



General

Guideline Title

(1) Promoting continence using prompted voiding. (2) Promoting continence using prompted voiding 2011 supplement.

Bibliographic Source(s)

Registered Nurses' Association of Ontario (RNAO). Promoting continence using prompted voiding 2011 supplement. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2011 Aug. 21 p. [26 references]

Registered Nurses' Association of Ontario (RNAO). Promoting continence using prompted voiding. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2005 Mar. 48 p. [42 references]

Guideline Status

This is the current release of the guideline.

Recommendations

Major Recommendations

Note from the National Guideline Clearinghouse (NGC) and the Registered Nurses' Association of Ontario (RNAO): In March 2011, the review panel was convened to reach consensus on the need to revise the existing recommendations in light of the new literature. A review of the literature published since 2005 has not meant dramatic changes to the recommendations within this guideline, but rather refinements and stronger evidence supporting this approach.

The levels of evidence supporting the recommendations (Ia, Ib, IIa, IIb, III, IV) are defined at the end of the "Major Recommendations" field. See the original guideline document for additional information provided in the "Discussion of Evidence."

Practice Recommendations

Recommendation 1

Obtain a history of the client's incontinence.

(Level of Evidence = IV)

Recommendation 2

Gather information on:

- The amount, type, and time of daily fluid intake, paying particular attention to the intake amount of caffeine and alcohol
- The frequency, nature, and consistency of bowel movements
- Any relevant medical or surgical history which may be related to the incontinence problem, such as, but not limited to, diabetes, stroke, Parkinson's disease, heart failure, recurrent urinary tract infections, or previous bladder surgery

(Level of Evidence = IV)

Recommendation 3

Review the client's medications to identify those which may have an impact on the incontinence.

(Level of Evidence = III)

Recommendation 4

Identify the client's functional and cognitive ability.

(Level of Evidence = III)

Recommendation 5

Identify attitudinal and environmental barriers to successful toileting. Barriers include:

- Proximity and availability of the nearest bathroom
- Accessibility of commode
- Satisfactory lighting
- Use of restraints
- Staff expectation that incontinence is an inevitable consequence of aging
- Staff belief that few interventions exist to promote continence

(Level of Evidence = III)

Recommendation 6

Check urine to determine if infection is present.

(Level of Evidence = III)

Recommendation 7

Determine how the client perceives their urinary incontinence and if they will benefit from prompted voiding. Before initiating prompted voiding, identify the client's pattern of incontinence using a 3-day voiding record.

(Level of Evidence = III)

Recommendation 8

Ensure that constipation and fecal impaction are addressed.

(Level of Evidence = IV)

Recommendation 9

Ensure an adequate level of fluid intake (1,500 to 2,000 ml per day), and minimize the use of caffeinated and alcoholic beverages where possible.

(Level of Evidence = III)

Recommendation 10

Initiate an individualized prompted voiding schedule based on the client's toileting needs, and as determined by a 3-day voiding record.

(Level of Evidence = Ia)

Recommendation 11

Initiate a 3-day voiding record, a minimum of 3 weeks and a maximum of 8 weeks, after the prompted voiding schedule.

(Level of Evidence = IV)

Educational Recommendations

Recommendation 12

Implement an educational program on promoting continence using prompted voiding. The program should be structured, organized, and directed at all levels of health care providers, clients, family, and caregivers. The educational program should identify a nurse with an interest in and/or advanced preparation in continence care (e.g., nurse continence advisor, nurse clinician, or clinical nurse specialist) to be responsible for providing the educational program. The program should be updated on a regular basis to incorporate current evidence.

The program should include information on:

- Myths related to incontinence and aging
- Definition of continence and incontinence
- Continence assessment
- Prompted voiding
- Individualized toileting
- The impact of cognitive impairment on ability to be continent and strategies to manage aggressive behaviours
- Relation of bowel hygiene care to healthy bladder functioning
- Use of a voiding record with individualized toileting
- Education about conservative management strategies
- Rationale for conservative management strategies

(Level of Evidence = IV)

Recommendation 13

Nurses should be knowledgeable about community resources for professional development, referral, and ongoing assistance.

(Level of Evidence = IV)

Organization and Policy Recommendations

Recommendation 14

Successful implementation of prompted voiding requires:

- Management support
- Opportunities for education and training
- Active involvement of key clinical staff
- Gradual implementation of the prompted voiding schedule
- Collection of baseline information about clients, resources, and existing knowledge
- Interpretation of this data and identification of problems
- Development of implementation strategy
- Monitoring of the program

(Level of Evidence = IIb)

Recommendation 15

Organizations are encouraged to establish an interprofessional team approach to continence care.

(Level of Evidence = IV)

Recommendation 16

Nursing best practice guidelines can be effectively implemented only where there are adequate planning, resources, organizational and administrative support, as well as the appropriate facilitation of the change process by skilled facilitators. The implementation of the guideline must

take into account local circumstances and should be disseminated through an active educational and training program. In this regard, Registered Nurses' Association of Ontario (RNAO) (through a panel of nurses, researchers, and administrators) has developed the *Toolkit: Implementation of Clinical Practice Guidelines*, based on available evidence, theoretical perspectives, and consensus. The Toolkit is recommended for guiding the implementation of the Registered Nurses Association of Ontario Nursing Best Practice Guideline *Promoting Continence Using Prompted Voiding*.

(Level of Evidence = IV)

Definitions:

Level of Evidence

Ia Evidence obtained from meta-analysis or systematic review of randomized controlled trials

Ib Evidence obtained from at least one randomized controlled trial

IIa Evidence obtained from at least one well-designed controlled study without randomization

IIb Evidence obtained from at least one other type of well-designed quasi-experimental study, without randomization

III Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies, and case studies

IV Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities

Clinical Algorithm(s)

None provided

Scope

Disease/Condition(s)

Urinary incontinence

Guideline Category

Evaluation

Management

Prevention

Clinical Specialty

Family Practice

Geriatrics

Nursing

Obstetrics and Gynecology

Preventive Medicine

Urology

Intended Users

Advanced Practice Nurses

Nurses

Guideline Objective(s)

- To update the March 2005 Nursing Best Practice Guidelines for *Promoting Continence Using Prompted Voiding*
- To assist in decision making for individualized client care, as well as ensuring that appropriate structures and supports are in place to provide the best possible care

Target Population

Older adults with urinary incontinence in a broad range of settings from the community to long-term care

Interventions and Practices Considered

Evaluation

1. Assessment
 - History of incontinence
 - Fluid intake
 - Frequency, nature, and consistency of bowel movement
 - Medical/surgical history
 - Functional and cognitive ability
 - Attitudinal and environmental barriers to successful toileting
 - Testing for urinary infection
 - Determination of client's perception of incontinence and if prompted voiding is an option
2. Three-day voiding record

Prevention/Management

1. Addressing constipation/fecal impaction
2. Minimizing caffeinated and alcoholic beverages and ensuring adequate fluid intake
3. Initiating individualized prompted voiding schedule
4. Evaluation of individualized prompted voiding using 3-day voiding record

Major Outcomes Considered

- Accuracy of diagnosis of urinary incontinence
- Success rate of prompted voiding interventions
- Frequency and severity of urinary incontinence episodes

Methodology

Methods Used to Collect/Select the Evidence

Hand-searches of Published Literature (Primary Sources)

Hand-searches of Published Literature (Secondary Sources)

Searches of Electronic Databases

Searches of Unpublished Data

Description of Methods Used to Collect/Select the Evidence

March 2005 Guideline

The search strategy utilized during the revision of this guideline focused on two key areas. One was the identification of new guidelines published on the topic of continence since the original guideline was published in 2002, and the second was to identify systematic reviews and primary studies published in this area from 2001 to 2004.

A database search for existing evidence related to continence was conducted by a university health sciences library. An initial search of the Medline, EMBASE, and CINAHL databases for guidelines and studies published from 2001 to 2004 was conducted in August 2004.

One individual searched an established list of Web sites for content related to the topic area in July 2004. This list of sites, reviewed and updated in May 2004, was compiled based on existing knowledge of evidence-based practice Web sites, known guideline developers, and recommendations from the literature. Presence or absence of guidelines was noted for each site searched as well as date searched. The Web sites at times did not house a guideline but directed to another Web site or source for guideline retrieval. Guidelines were either downloaded if full versions were available or were ordered by phone/e-mail.

A Web site search for existing practice guidelines on promoting continence using prompted voiding was conducted via the search engine "Google", using key search terms. One individual conducted this search, noting the results of the search, the Web sites reviewed, date, and a summary of the results. The search results were further reviewed by a second individual who identified guidelines and literature not previously retrieved.

Additionally, panel members were asked to review personal archives to identify guidelines not previously found through the above search strategy. Results of this strategy revealed no additional clinical practice guidelines.

The search strategy described above resulted in the retrieval of 140 abstracts on the topic of continence. These abstracts were then screened by a Research Assistant related to inclusion/exclusion criteria. A total of 31 abstracts were identified for article retrieval and quality appraisal. The quality appraisal was conducted by a Masters prepared nurse with expertise in critical appraisal. The tool used to conduct this work was one developed by the Effective Public Health Practice Project (EPHPP) for appraising quantitative studies.

In addition, one recently published clinical practice guideline was identified for review: "Evidence-based protocol: Prompted voiding for persons with urinary incontinence," *Series on Evidence-Based Practice for Older Adults*. Iowa City, IA: The University of Iowa Nursing College of Nursing Gerontological Interventions Research Center, Research Translation and Dissemination Core (Salsbury Lyons & Pringle Specht, 2001).

2011 Supplement

One individual searched an established list of websites for guidelines and other relevant content. The website list was compiled based on existing knowledge of evidence-based practice websites and recommendations from the literature.

While the search yielded many results, no guidelines met the inclusion criteria. Therefore, no guidelines were included as part of this evidence review.

Concurrent to the guideline review, a search for recent literature relevant to the scope of the guideline was completed. The search of electronic databases (CINAHL, Medline, and EMBASE) was conducted by a health sciences librarian. A Research Assistant (Master's prepared nurse) completed the inclusion/exclusion review, quality appraisal and data extraction of the included articles, and prepared a summary of the literature findings. The comprehensive data tables and reference lists were provided to all review panel members.

Number of Source Documents

March 2005 Guideline

Not stated

2011 Supplement

No guidelines and 139 studies were included and retrieved for review.

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Level of Evidence

Ia Evidence obtained from meta-analysis or systematic review of randomized controlled trials

Ib Evidence obtained from at least one randomized controlled trial

IIa Evidence obtained from at least one well-designed controlled study without randomization

IIb Evidence obtained from at least one other type of well-designed quasi-experimental study without randomization

III Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies, and case studies

IV Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities

Methods Used to Analyze the Evidence

Review of Published Meta-Analyses

Systematic Review

Description of the Methods Used to Analyze the Evidence

Not stated

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

March 2005 Guideline

In September of 2004, a panel of nurses with expertise in continence care from a range of practice settings (including institutional, community, and academic sectors) was convened by the Registered Nurses' Association of Ontario (RNAO). This group was invited to participate as a review panel to revise the Promoting Continence Using Prompted Voiding guideline that was originally published in January 2002. This panel was comprised of members of the original development panel, as well as other recommended specialists.

The panel members were given the mandate to review the guideline, focusing on the currency of the recommendations and evidence, keeping to the original scope of the document.

Through a process of discussion and consensus, recommendations for revision to the guideline were identified.

2011 Supplement

The RNAO has made a commitment to ensure that this practice guideline is based on the best available evidence. In order to meet this commitment, a regular monitoring and revision process has been established for each guideline.

A panel of nurses was assembled for this review, comprised of members from the original development panel as well as other recommended

individuals with particular expertise in this practice area. The revision panel members were given a mandate to review the guideline focusing on the recommendations and the original scope of the guideline.

A structured evidence review based on the scope of the original guideline was conducted to capture the relevant literature and other guidelines published since the last update of this document (2005). The results of the evidence review were circulated to the review panel. In March 2011, the review panel was convened to reach consensus on the need to revise the existing recommendations in light of the new literature.

A review of the most recent literature since the publication of the last revision of the guideline does not support changes to the original recommendations, but rather suggests stronger evidence for our approach to promoting continence using prompted voiding.

Rating Scheme for the Strength of the Recommendations

Not applicable

Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

Method of Guideline Validation

Not stated

Description of Method of Guideline Validation

Not applicable

Evidence Supporting the Recommendations

Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

Appropriate promoting of continence in older adults using prompted voiding

Potential Harms

Not stated

Qualifying Statements

Qualifying Statements

- This nursing best practice guideline is a comprehensive document providing resources necessary for the support of evidence-based nursing

practice. The document needs to be reviewed and applied based on the specific needs of the organization or practice setting/environment, as well as the needs and wishes of the client. Guidelines should not be applied in a "cookbook" fashion but used as a tool to assist in decision making for individualized client care, as well as ensuring that appropriate structures and supports are in place to provide the best possible care.

- Nurses, other healthcare professionals and administrators who are leading and facilitating practice changes will find this document valuable for the development of policies, procedures, protocols, educational programs, assessment and documentation tools. It is recommended that the nursing best practice guidelines be used as a resource tool. It is not necessary, nor practical that every nurse have a copy of the entire guideline. Nurses providing direct client care will benefit from reviewing the recommendations, the evidence in support of the recommendations and the process that was used to develop the guidelines. However, it is highly recommended that practice settings/environments adapt these guidelines in formats that would be user-friendly for daily use. This guideline has some suggested formats for such local adaptation and tailoring.
- These best practice guidelines are related only to nursing practice and not intended to take into account fiscal efficiencies. These guidelines are not binding for nurses, and their use should be flexible to accommodate client/family wishes and local circumstances. They neither constitute a liability nor discharge from liability. While every effort has been made to ensure the accuracy of the contents at the time of publication, neither the authors nor Registered Nurses' Association of Ontario (RNAO) give any guarantee as to the accuracy of the information contained in them, nor accept any liability, with respect to loss, damage, injury or expense arising from any such errors or omissions in the contents of this work. Any reference throughout the document to specific pharmaceutical products as examples does not imply endorsement of any of these products.
- Similar to the original guideline publication, this document needs to be reviewed and applied, based on the specific needs of the organization or practice setting/environment, as well as the needs and wishes of the client. This supplement should be used in conjunction with the guideline as a tool to assist in decision making for individualized client care, as well as ensuring that appropriate structures and supports are in place to provide the best possible care.

Implementation of the Guideline

Description of Implementation Strategy

Best practice guidelines can only be successfully implemented if there are adequate planning, resources, organizational and administrative support, as well as appropriate facilitation. The Registered Nurses' Association of Ontario (RNAO), through a panel of nurses, researchers, and administrators, has developed a *Toolkit: Implementation of Clinical Practice Guidelines* based on available evidence, theoretical perspectives, and consensus. The Toolkit is recommended for guiding the implementation of any clinical practice guideline in a healthcare organization.

The Toolkit provides step-by-step directions to individuals and groups involved in planning, coordinating, and facilitating guideline implementation. Specifically, the Toolkit addresses the following key steps:

1. Identifying a well-developed, evidence-based clinical practice guideline
2. Identification, assessment, and engagement of stakeholders
3. Assessment of environmental readiness for guideline implementation
4. Identifying and planning evidence-based implementation strategies
5. Planning and implementing an evaluation
6. Identifying and securing required resources for implementation and evaluation

Implementing practice guidelines that result in successful practice changes and positive clinical impact is a complex undertaking. The Toolkit is one key resource for managing this process.

Evaluation and Monitoring

Organizations implementing the recommendations in this nursing best practice guideline are advised to consider how the implementation and its impact will be monitored and evaluated. A table in the original guideline document, based on the framework outlined in the RNAO Toolkit: *Implementation of Clinical Practice Guidelines*, illustrates some suggested indicators for monitoring and evaluation.

Implementation Strategies

The RNAO and the guideline revision panel have compiled a list of implementation strategies to assist healthcare organizations or healthcare disciplines who are interested in implementing this guideline. A summary of these strategies follows:

- Have at least one dedicated person such as a clinical resource nurse who will provide support, clinical expertise and leadership. The individual should also have good interpersonal, facilitation and project management skills.
- Conduct an organizational needs assessment related to promotion of continence using prompted voiding to identify current knowledge base and further educational requirements.
- Initial needs assessment may include an analysis approach, survey and questionnaire, group format approaches (e.g., focus groups), and critical incidents.
- Establish a steering committee comprised of key stakeholders and interdisciplinary members committed to lead the change initiative. Identify short term and long term goals. Keep a work plan to track activities, responsibilities and timelines.
- Create a vision to help direct the change effort and develop strategies for achieving and sustaining the vision.
- Program design should include:
 - Target population
 - Goals and objectives
 - Outcome measures
 - Required resources (human resources, facilities, equipment)
 - Evaluation activities
- Provide educational sessions and ongoing support for implementation, a core education session ranging from 2.0 to 3.5 hours in length which reviews the problem of incontinence and the role of prompted voiding. The education session should draw on the recommendation contained in this guideline. The education sessions may consist of presentations, facilitator's guide, handouts, and case studies. Binders, posters and pocket cards may be used as ongoing reminders of the training. Plan education sessions that are interactive, include problem solving, address issues of immediate concern and offer opportunities to practice new skills.
- Provide organizational support such as having the structures in place to facilitate the implementation. For example, hiring replacement staff so participants will not be distracted by concerns about work and having an organizational philosophy that reflects the value of best practices through policies and procedures. Develop new assessment and documentation tools.
- Implement this guideline with one or two clients at a time.
- Identify and support designated best practice champions on each unit to promote and support implementation. Celebrate milestones and achievements, acknowledging work well done.
- Organizations implementing this guideline should adopt a range of self-learning, group learning, mentorship and reinforcement strategies that will, over time, build the knowledge and confidence of nurses in implementing this guideline.
- Teamwork, collaborative assessment and treatment planning with the client and family and through interdisciplinary work are beneficial. It is essential to be cognizant of and to tap the resources that are available in the community. An example would be linking and developing partnerships with regional geriatric programs for referral process.
- The RNAO's Advanced/Clinical Practice Fellowship (ACPF) Project is another resource where registered nurses in Ontario may apply for a fellowship and have an opportunity to work with a mentor who has clinical expertise in continence. With the ACPF, the nurse fellow will also have the opportunity to learn more about new resources.

In addition to the strategies mentioned above, the RNAO has developed resources that are available on the website. A Toolkit for implementing guidelines can be helpful if used appropriately. A brief description about this Toolkit can be found in Appendix F in the original guideline. A full version of the document in pdf format is also available at the RNAO website, www.mao.org/bestpractices .

Implementation Tools

Audit Criteria/Indicators

Chart Documentation/Checklists/Forms

Clinical Algorithm

Foreign Language Translations

Mobile Device Resources

Patient Resources

Quick Reference Guides/Physician Guides

Resources

Slide Presentation

Staff Training/Competency Material

Tool Kits

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Living with Illness

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Identifying Information and Availability

Bibliographic Source(s)

Registered Nurses' Association of Ontario (RNAO). Promoting continence using prompted voiding 2011 supplement. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2011 Aug. 21 p. [26 references]

Registered Nurses' Association of Ontario (RNAO). Promoting continence using prompted voiding. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2005 Mar. 48 p. [42 references]

Adaptation

Not applicable: The guideline was not adapted from another source.

Date Released

2002 Jan (revised 2005; addendum released 2011 Aug)

Guideline Developer(s)

Registered Nurses' Association of Ontario - Professional Association

Source(s) of Funding

Funding was provided by the Ontario Ministry of Health and Long Term Care.

Guideline Committee

Not stated

Composition of Group That Authored the Guideline

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Financial Disclosures/Conflicts of Interest

Not stated

Guideline Status

This is the current release of the guideline.

Guideline Availability

Electronic copies: Available in English, French, Italian, and Spanish in Portable Document Format (PDF) in English and French from the [Registered Nurses' Association of Ontario Web site](#) .

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

Availability of Companion Documents

The following are available:

- Summary of recommendations. Promoting continence using prompted voiding. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2011. 3 p. Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses Association of Ontario \(RNAO\) Web site](#) .
- Toolkit: implementation of clinical practice guidelines. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Mar. 88 p. Electronic copies: Available in PDF from the [RNAO Web site](#) . See the related QualityTool summary on the [Health Care Innovations Exchange Web site](#) .
- Sustainability of best practice guideline implementation. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2006. 24 p. Electronic copies: Available in PDF and as a Power Point presentation from the [RNAO Web site](#) .
- Educator's resource: integration of best practice guidelines. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2005 Jun. 123 p. Electronic copies: Available in PDF from the [RNAO Web site](#) .
- Continence care education. A self-learning package. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2006 Mar. 51 p. Electronic copies: Available in PDF from the [RNAO Web site](#) .

A sample voiding record is available in Appendix D in the [original guideline document](#) . A table in the original guideline document, based on the framework outlined in the RNAO Toolkit: Implementation of Clinical Practice Guidelines, illustrates some suggested indicators for monitoring and evaluation.

Print copies: Available from the Registered Nurses' Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3

Mobile versions of RNAO guidelines are available from the [RNAO Web site](#) . A [French version](#) of this mobile guideline is also available.

Patient Resources

The following is available:

- Health information fact sheet. Incontinence: breaking the silence. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2003 Jul. 2 p. Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses' Association of Ontario Web site](#) .

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC Status

This NGC summary was completed by ECRI on December 17, 2003. The information was verified by the guideline developer on January 16, 2004. This NGC summary was updated by ECRI on June 6, 2005. The updated information was verified by the guideline developer on June 21, 2005. This NGC summary was updated by ECRI Institute on February 6, 2012. The updated information was verified by the guideline developer on February 14, 2012.

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